

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Jerome Allen James</b>		COURT CASE NUMBER <b>08C1019</b>
DEFENDANT <b>Michael Sheahan</b>		TYPE OF PROCESS <b>S/C</b>
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Correctional Officer McClendon, Division 5 (R.C.D.C. 2 to 10 shift)</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>CCJ C/O Legal Dept. 2700 S. California Ave., 2nd. FLr. Div. 5, Chicago, IL 60608</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Jerome Allen James, B-68976**  
**Stateville-STV**  
**P.O. Box 112**  
**Joliet, IL 60434**

Number of process to be served with this Form - 285	<b>1</b>
Number of parties to be served in this case	<b>11</b>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

**FILED**  
**APR 22 2008**

Fold

**APR 22 2008 PH****MICHAEL W. DOBBINS**  
**CLERK, U.S. DISTRICT COURT**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**04-02-08****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>8 of 11</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk <b>Td</b>	Date <b>04-02-08</b>
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**RONNA FARNANDIS LEGAL DEPT OFFICER**

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

**4/14/08****1300****pm**

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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**One service fee charged same case & location see**  
**REMARKS: 1 hour, 1 hour, 16 miles process meet #2 for charge.**